



## **MARYLAND HEALTH CARE COMMISSION**

**4160 PATTERSON AVENUE BALTIMORE, MARYLAND 21215**

**AREA CODE 410-764-3460 FAX 410-358-1236**

### **Questions and Responses for**

**Solicitation No. MHCC 16-003**

### **SURVEY OF COMMERCIALLY INSURED HEALTH PLAN MEMBERS: CAHPS® 5.0H ADULT QUESTIONNAIRE**

#### 3.2.1.07 Plans Reporting

Question: Should the NCQA submission fee be considered as a portion of the “cost per plan” on the Financial Proposal (Attachment F)?

RESPONSE: Yes.

#### 3.2.1.08 Survey Administration

Question: Have plans over-sampled in the past? Should over-sampling be included as part of the cost?

RESPONSE: Yes, plans have over-sampled in the past. Yes, over-sampling should be included as part of the cost. The Contractor should include as part of the cost, the required Sample Size of 1,100 plus the cost of a ten percent (10%) over-sampling rate, for a Final Sample Size of 1,210. At their own expense, each health benefit plan has the option to increase the over-sampling rate in addition to the ten percent (10%) executed by MHCC.

Question: Is a Spanish protocol used for either the mail or telephone protocols or both?

RESPONSE: No.

#### 3.2.1.09 Supplemental Questions

Questions: How many of the supplemental questions are closed ended? How many are open-ended?

RESPONSE: For quality reporting in 2015, the ten supplemental questions came directly from portions of the CAHPS® Cultural Competence Item Set produced by the Agency for Healthcare Research and Quality. Supplemental questions for quality reporting are subject to change and are typically finalized annually at or before the December Kickoff meeting. 2015 Supplemental

Questions follow, and response choices for all questions include  
Never/Sometimes/Usually/Always:

1. In the last 12 months, how often were the explanations your personal doctor gave you hard to understand because of an accent or the way you doctor spoke English?
2. ...how often did your personal doctor use medical words you did not understand?
3. ...how often did your personal doctor talk too fast when talking with you?
4. ...how often did your personal doctor ignore what you told him or her?
5. ...how often did your personal doctor interrupt you when you were talking?
6. ...how often did your personal doctor show interest in your questions and concerns?
7. ...how often did your personal doctor answer all your questions to your satisfaction?
8. ...how often did your personal doctor use a condescending, sarcastic, or rude tone or manner with you?
9. ...how often have you been treated unfairly at your personal doctor's office because of your race or ethnicity?
10. ...how often have you been treated unfairly at your personal doctor's office because of the type of health insurance you have or because you do not have health insurance?

#### 3.2.1.12 Target Response Rates

Questions: Is the 30% response rate (30%) a calculation of the average of the health plans response rates or an average of all respondents (average response rate across all plans or summing all completes/total sample - total ineligible)?

RESPONSE: The target response rate of thirty percent (30%) or better is an average of all respondents (summing all completes/total sample - total ineligible).

Question: What are the historical response rates for each plan?

RESPONSE: Response rates are approximately thirty percent (30%) plus or minus approximately five percent (5%).

#### 3.2.1.13 Maintain Confidentiality

Question: What type of HIPAA certification is required?

RESPONSE: MHCC is not requiring HIPAA certification by a specific entity; however, certification by any entity that covers issues surrounding both privacy and security will be considered to be satisfactory. Please also note Information Technology requirements in Section 3.3.3.

Thank you.